

December 19, 2001

Mayor Wesely and City Council City of Lincoln City County Building Lincoln, NE

Mayor Wesely and Members of the City Council:

An investigation has been made regarding the application of Whitehead Oil Company, d.b.a. U-Stop Convenience Shop, 2700 Porter Ridge Road requesting a class D liquor license for this location.

U-Stop requested that Britany Davis be approved as the manager of this liquor license.

Background information on Britany Davis will be omitted as she was approved by the council in January 2000 as the manager for the U-Stop located at 610 South 10th.

Information on the shareholders is included in your packet for review.

If this application is approved, it should be with the understanding that it conforms to all the rules and regulations of Lincoln, Lancaster County and the State of Nebraska.

THOMAS K. CASADY, Chief of Police





DE NERDACKA

(D-54106) 1/14/02; 1/28/02 1/h

PH: 1-14-02



CERTIFIED

December 14, 2001

NEBRASKA LIQUOR CONTROL COMMISSION

Forrest D. Chapman

Executive Director

301 Centennial Mall South, 5th Floor P.O. Box 95046 Lincoln, Nebraska 68509-5046

> Phone (402) 471-2571 Fax (402) 471-2814

TRS USER 800 833-7352 (TTY)

Mike Johanns

Governor

Joan Ross, City Clerk County/City Bldg 555 So 10th St., Ste 103 Lincoln, NE 68508

RE: Package Liquor Application (Whitehead Oil Company)
2700 Porter Ridge Rd., Lincoln, Lancaster Co.

144534

Dear Local Governing Body:

Attached is the form to be used on all retail liquor license applications. Local clerks must collect proper license fees and occupation tax per ordinance, if any, before delivering the license at time of issuance.

TWO KEY TIME FRAMES TO KEEP IN MIND ARE:

 You have 45 days to conduct a hearing after the date of receipt of the notice from this Commission (§53-134). You may choose NOT to make a recommendation of approval or denial to our Commission.

PER §53-133, THE LIQUOR CONTROL COMMISSION SHALL SET FOR HEARING ANY APPLICATION WHEREIN:

- 1) There is a recommendation of denial from the local governing body.
- 2) A citizens protest; or
- Statutory problems that the Commission discovers.

PLEASE NOTE...A LICENSEE MUST BE "PROPERLY" LICENSED IN ORDER TO PURCHASE FROM WHOLESALERS; AND, A LICENSE IS EFFECTIVE:

- 1) Upon payment of the license fees;
- Physical possession of the license;
- 3) Effective date on the license.

Sincerely,

NEBRASKA LIQUOR CONTROL COMMISSION

Licensing/Division

Enclosures Rhonda R. Flower Commissioner

Bob Logsdon Chairman

R.L. (Dick) Coyne Commissioner

An Equal Opportunity'Affirmative Action Employer

FORM 35-4001 REV, 12.99

Printed with soy ink on recycled paper

APPLICATION FOR LICENSE Special Period Will which Planning Lipt - Cagalding Nebraska Liquor Control Commission 1/5/01 http://www.nn.corechome/Nt.CC/
PO Box 95046, 301 Centennial Mall South Lincoln, NE 68509-5046

INSTRUCTIONS: Include: 1. Applicable fees payable to Liquor Control Commission 2. Copy of birth certificate or naturalization papers proving U.S. Eildensting for each 1.

INSTRUCTIONS: Include: 1. Applicable fees payable to Liquor Control Commission 2. Copy of birth certificate or naturalization papers proving US TIPERSON for each individual and spouse named on application (not required of corporations or spousers) who file an affidavit of no interest with application. Commission form 4178—3. Corporations must include copy of articles of incorporation as filed with the Secretary of States office in the state of Nebraska 4. Commission checklist, form 4251—5. Fingerprint cards and

NEBRASKA LIQUOR CONTROL COMMISSION

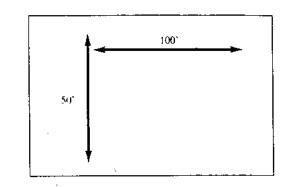
processing fees (are required of individuals, all partners and spouses. Corporate applicants must file for CEO/Manager & stockholders/member holding over 25% stock/interest. 6. All applications must be typewritten or printed clearly. 7. Submit in Triplicate

CLASS OF LICENSE FOR WHICH APPLICATION IS MADE AND LIST OF FEES FOR EACH

CL			APPLICATI	ON IS M		IST OF FEES FOR EAC	H	
	Class of Li				Registration	License	Corporate	
<u> </u>	(Check applica			_	Fee	Fees	Surety Bond	
	n Sale Only – Inside Co				\$45.00	Collected at Local Level	exempt	
	n Sale Only - Outside C				\$45.00	Collected at Local Level	exempt	
	if Sale Only - Indicate 1			te Limits	\$45.00	Collected at Local Level	exempt	
	Beer, On Sale Only - Ins				\$45.00	Collected at Local Level	exempt	
	Wine, Beer, On Sale On				\$45.00	Collected at Local Level	exempt	
	Wine, Beer, Off Sale Or		Corporate Lin	nits	\$45.00	\$150,00	exempt	
	Wine, Beer, Off Sale on			İ			•	
	ritorial zoning jurisdiction		_ ·· · · · · · · · · · · · · · · · · ·	. !	\$45.00	\$150.00	éxempt	
	Wine, Beer On & Off S		Corporate Lin	nits	\$45.00	Collected at Local Level	exempt	
	Club (Spirits, Wine, Beer	, on Sale)			\$45.00	Collected at Local Level	exempt	
	fit Corporation				\$45.00	Collected at Local Level	exempi	
O Boat	nly, Off Sale				\$45.00	Collected at Local Level	exempt	
	cturer of Beer, Wine & I	Distillad Sel-			\$45.00	\$ 50.00	exempt	
X Wholes		Distined Spir			\$45.00	Varies \$100 to \$1,000	\$10.000 min.	
W Wholes					\$45.00 \$45.00	\$500.00 \$250.00	\$ 5,000 min.	
Y Farm W	 :				\$45.00	\$250.00	\$ 5,000 min. \$ 1,000 min.	
	rewery (Brew Pub)				\$45.00	\$250.00	\$ 1,000 min.	
	PE OF APPLICATION			CORPOR		Y BOND INFORMATIO		
3 (p	pe of application being lace appropriate number = Individual License re Form 1 to be attached = Partnership License re Form 2 to be attached = Corporate License re Form 3 and 4 and Ma Application be attach	in box) quires l. equires l. quires quires nager ed.	Start Date M	lonth/Day		Bond Number (3)		
			FORMATIC			ed by all applicants		
Į ^{Tr}	ade Name (name of bus	ness)	į	Te	lephone Num	ber at premise to be license	d	
U-STOP CONVENIENCE SHOP			(/	402) 421-6633				
	s of Proposed licensed p RTER RIDGE ROA		Li	quor Com	trol Commissi	dress for receipt of crol Commission mailings ANDOLPH STREET		
City	County	Zip Code	e City		<u> </u>	County Z	ip Code	
LINCOLN	LANCASTER	68521	LIN	COLN	L	ANCASTER 6	8510	
-			l			·	TORM 35-40 ()	

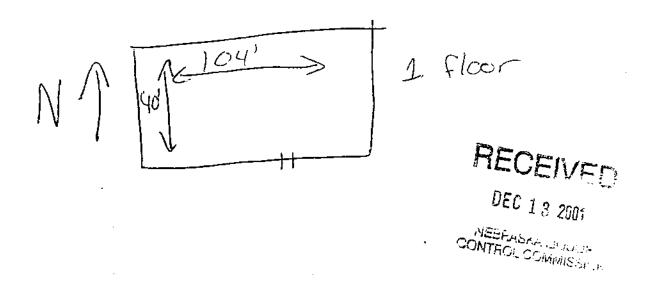
DESCRIPTION AND DIAGRAM OF THE STRUCTURE TO BE LICENSED

In the space provided draw the area to be licensed. This should include storage areas, basement, sales areas and areas where consumption or sales of alcohol will take place. If only a portion of the building is to be covered by the license, you must still include dimensions (length x width) of the licensed area as well as the dimensions of the entire building in situations where only a portion of the entire bidg, is to be covered by the license. No blue prints will be accepted. Be sure to indicate the direction North and number of floors of the building.



Example: East portion approximately 50' x 100' of main floor of 3 story building plus basement approximately 30' x 50' at the East end.

SEE ATTACHED



SECTION B OTHER INFORMA	TION	REQUI	RED
	Yes	No	Explanation/Comments
Has anyone who is a party to this application, or their spouse, ever been convicted of or plead guilty to any criminal charge. Criminal charge means any charge alleging a felony or misdemeanor or violation of a federal or state law; or a violation of a local law, ordinance or resolution. List the nature of the charge, where the charge occurred and the year and month of the conviction or plea. Also list any charges pending at the time of this application. If more than one party, please list charges by each individual's name.		x	

	Yes	No	Explanation/Comments
2. Are you buying the business and/or assets of a licensee? If yes, submit a copy of the sales agreement with a listing of assets being acquired including liquor inventory (name brand and container size required).		х	
3. Are you filing a temporary agency agreement, Commission form 4231, whereby current licensee allows you to operate on their license? If yes, attach copy.		х	
4. Are you borrowing any money from any source to establish and/or operate the business? If yes, list the lender.	х		Union Bank & Trust
5. Will any person or entity other than licensee be entitled to a share of the profits of the establishment? If yes, explain.		х	
6. Will any of the furniture, fixtures and equipment to be used in this business be owned by others? If yes, list such items and the owner.		х	
7. Will any person(s) other than named in this application have any direct or indirect ownership or control of the business? If yes, explain?		x	RECEIVED
8. Are the premises to be licensed within 150 ft. of a church, school, hospital, home for the aged or indigent persons or for veterans, their wives, children, or within 300 ft. of a college or university campus? If yes, list the name of such institution and where it is located in relation to the premises. Per Sec. §53-177.		х	PEC 18 2017 DEC 18 2017 NEBHASKA CHARA CONTROL COMMISSION
 Is anyone listed on this application a law enforcement officer? If yes, list the person, the law enforcement agency involved and the persons exact duties. 		x	
10. List the primary bank and/or financial institution (branch if applicable) to be utilized by the business and the person(s) who will be authorized to write checks and/or make withdrawals on accounts at such institutions.	Mar	k A.	ank & Trust Whitehead Makovicka
I1. List all past and present liquor licenses held by any person named in this application. Include license holder name, location of license and license number. Also list reasons for termination of any licenses previously held.			ACHED
12. List the person who will be the on site supervisor of the business and the estimated number of hours per week such person or manager will be on the premises supervising operations.		ANY hours	DAVIS
13. List the training and experience of the person listed in #12 above in connection with selling and/or serving alcohol products. 1 ocation	conv whic and	enier h sel took	IS ONE OF OUR nce store managers.at lls alcohol classes with the Respo
14. If the property for which this license is sought is owned, submit a copy of the deed, or proof of ownership, if leased submit a copy of the lease covering the entire license year. (Documents must show title or lease held interest in name of applicant as owner or lessee in the individual(s) or	Сору		Hospitality Council Lease Submitted ched
corporate name for which the application is being filed).	1		

sheet. NAME	FROM (YEAR)	TO (YEAR)	RESIDENCE (CITY STATE)
ee Attached			<u> </u>
			·

The undersigned applicant(s) hereby consent(s) to a background investigation and release of present & future records of every kind and description including police records, tax records (State and Federal), bank or lending institution records, and said applicant(s) and spouse(s) waive(s) any right or causes of action that said applicant(s) or spouse(s) may have against the Nebraska Liquor Control Commission, the Nebraska State Patrol, and any other individual disclosing or releasing said information. Any documents or records for the proposed business or for any partner or stockholder that are needed in furtherance of the application investigation or any other investigation shall be supplied immediately upon demand to the Nebraska Liquor Control Commission or the Nebraska State Patrol. The undersigned understand and acknowledge that any license issued, based on the information submitted in this application, is subject to cancellation if the information contained herein is incomplete and/or inaccurate.

Individual applicants agree to supervise in person the management and operation of the business and that they will operate the business authorized by the license for themselves and not as an agent for any other person or entity. Corporate applicants agree the approved manager will superintend in person the management and operation of the business. Partnership applicants agree one partner shall superintend the management and operation of the business. All applicants agree to operate the licensed business within all applicable laws, rules, regulations, and ordinances and to cooperate fully with any authorized agent of the Nebraska Liquor Control Commission.

Must be signed in the presence of a notary public. Must be signed by applicant and spouse; if a partnership, all partners and spouses must sign and corporation, all stockholders/members (holding more than 25% of the stock or interest), officers, directors and spouses must sign. Full names only, initials not acceptable.

directors and spouses must sign. Full names only, initials no	1
sign here sign here sign here Subscribed in my presence and sworn to before me this	sign here sign here sign here Sign here Sign here OCT 17 200 CONTROL COMMISSION
	NERDACY

In compliance with ADA, this application for license form is available in other formats for persons with disabilities. A ten day advance period is requested in writing to produce the alternate format.

GENERAL WOTAR'S STATE of Nebraska
ALAN A. MAKOVICKA
My Comm. Exp. Osc. 13, 2003

NESPASKA CONTROL COMMINS

sign here

Notary Public Signature

ADDRESS	LICENSE NUMBER
240 N. 17 th Street Lincoln Ne	18518
8231 East "O" Street Lincoln Ne	44565
942 S. 27 th Street Lincoln Ne	20039
5600 S. 56 th Street Lincoln Ne	20040
1421 Centerpark Road Lincoln Ne	30972
1421 Centerpark Road Lincoln Ne	30963
3244 Cornhusker Hwy Lincoln Ne	30676
3244 Cornhusker Hwy Lincoln Ne	30675
2925 NW 12 th Lincoln Ne	44186
6801 Wildcat Drive Lincoln Ne	45418
6801 Wildcat Drive Lincoln Ne	45417
502 Hwy 6 Ashland Ne	50125

Question #11

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GCT 17 2001

NESPASIA LIQUOF NOTROL COMMISSION



Corporation/LLC Application for License - Form 3 Nebraska Liquor Control Commission

INSTRUCTIONS:

1) Application and application for mapped-must be prewritten and submitted in trial Fingerprint cards (2 cards per pass) Inhambe submitted for: a) each motival of the stock, b) chief executive officer, c) proposed manager and d) all spouses 3) Information regarding spouses must basemblated III

DEC - 5 2001

NEBRASKA LIQUOR CONTROL COMMISSION RECEIVED OCT 17 2001

MEDICARIA CONSTITUTION OF THE CONSTITUTION OF	NEBRASKA LIQUOR CONTROL COMMISSION	IQUOR MISSION		
Name of Corporation That Will Hold License. Attach copy of Articles of Incorporation	flacorporation		Number of Shar	Total Number of Shares (if corporation)
whitehead Oil Rompany dba U-Stop Conv	Convenience Shop		1,000	
ddress	Mailing address for receipt of Liquor Control Commission Mailings	eceipt of nission Mailings		Corporate Telephone Number
2537 Randolph	2537 Randolph	h h		402-435-3509
City		State		Zip Code
Tincoln	Lancaster	Nehraska		68510
Name of Registered Agent	Name of Proposed Manager	sed Manager		
Mark Adams Whitehead	Brian Makovicka	kovicka		
IN THIS SECTION LIST	SECTION LIST THE NAME OF THE CHIEF EXECUTIVE OFFICER	EXECUTIVE OFFI	ICER	
Name	Title		Date of Birth	Social Security Number
Mark Adams Whitehead	President			
Home Address (1)				State
7.405 South 98th Street				Nebraska
	Sinte Zi	Zip Code	Home Telephone Number	me Number
Lincoln	NE 68	68526	402-488-8578	8578

Corporation/LLC Application for License - Form 3

Nebraska Liquor Control Commission

INSTRUCTIONS:

1) Application and application for manager-mist be rine written and submitted in tr 2) Fingerprint cards (2 cards per person) inhabbe submitted for: a) each more hilled

of the stock, b) chief executive officer, c) proposed manager and d) all spouses Information regarding spouses must by Combification

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NEBRASKA LIQUOR OCT 17 2001

of the stock, b) this executive officer, c) proposed in a line of the stock, by the stock is a line of the stock by the stock of the stock of the stock, by the stock of the stock, by the stock of the stock, by the stock of th		DEC - 5 2001		NEBRASKA LIQUOR CONTROL COMMISSION	LIQUOR
MORSINGO TORUNCE)	ALSONOM ALSONOM	NEBRASKA LIQUOR CONTROL COMMISSION	QUOR		
Name of Corporation That Will Hold License. Attach copy of	copy of Articles of Incorporation	ation	Fotal	Fotal Number of Shares (if corporation)	(if corporation)
Whitehead Oil Rompany dba U-Stop	Convenience	e Shop	1	1,000	
Corporate Street Address (1)		Mailing address for receipt of Liquor Control Commission Mailings	eceipt of nission Mailings		Corporate Telephone Number
2537 Randolph		2537 Randolph	pħ		402-435-3509
City	County	:	State		Zip Code
1.1000]n	Lancaster		Nebraska		68510
Name of Registered Agent		Name of Proposed Manager	sed Manager		
Mark Adams Whitehead		Brian Ma	Makovicka		
LOSS SILL NI	SECTION LIST THE NAME OF THE CHIEF EXECUTIVE OFFICER	IE OF THE CHIEF	EXECUTIVE OFF	ICER	
Name		Title		Date of Birth	Social Security Number
Mark Adams Whitehead		President		-	
Home Address (1)					State
4605 South 98th Street		i			Nebraska
		State Zi	Zip Code	Home Telephone Number	e Number
Lincoln		NE 68	68526	402-488-8578	578



Name	From (Year)	To (Year)	Residence (City, State)
ark A. Whitehead	1975	1979	Lincoln, Nebraska & Manhattan, Kansas
	1979	present	Lincoln, Nebraska
hristian Whitehead	1962	1984	Lincoln, Nebraska
	1984	1986	Norfolk, Nebraska RECEIVED
	1986	1987	Omaha, Nebraska
	1987	1988	Auburn Hills Michigan
	1988	1991	Grand Rapids, Michigan CONTROL COMMISSION
	1991	1994	Arpharetta, Georgia
	1994	present	Lincoln, Nebraska

Question #/ce

PECETY OF THE PORT OF THE PARTY
PRINCIPLE OFFICERS, DIRECTORS, STOCKHOLDERS, MEMBERS AND SPOITSES	RS, STOCKHOLDERS, MEA	IBERS AND SPO	5451	
Name of Officers. Directors. Members and Spouses. Give Last Name, First Name, Middle, Maiden, and any aliases	Social Security Number	Date of Birth	Liste	Number of
NAME Whitehead, Mark Agams			President	States 0
Spouse Name Whitehead, Christian A.				040
NAME Jaggers, Lesley			Treasurer	076
Spouse Name Jaggers, Kent				
NAME Uthoff, Sydney			Sportatory	240
Spouse Name Uthoff, Steve				
NAME				
Spouse Name				
NAME.				
Spouse Name				
NAME				
Spouse Name				

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(If Necessary, Continue on Separate Sheet)

OCT 17 2001

NEBRASKA LIQUOR CONTROL COMMISSION

FORM 35-4183 Page 2 REV 02/01

Corporation/LLC Application for License - Form 3

In this Corporation of Control Corporation? In YES & NO Name of Control Corporation Name of Control Corporation Name of Control Corporation Name of Control StruckHollDER/MEMBER OWNING MORE THAN 25% stock/interest in that corporation/LLC. Any applicant who has a Corporation as a shareholder MUST file an organizational chart listing all shareholders and/or corporations owning more than 25% stock and listing of the percentage of stock owned. Please indicate below your corporate tax year with the HS STATE OF No brash as kn Lancaster C. M.	In Compliance with ADA, this form is available in other formats for persons with disabilities. A ten day advance period is requested in writing to produce the alternate format
--	--

FORM 35-4183 Page 3 REV 02/01

Corporation/LLC Application for License - Form 3

PRINCIPLE OFFICERS, DIRECTORS, STOCKHOILDERS, MEMBERS AND SPOLISES	RS, STOCKHOLDERS, MEA	IRFRC AND CDO	3001	
Name of Officers. Directors, Members and Spouses. Give Lust Name, First Name, Middle, Maiden, and any aliases	Social Security Number	Date of Birth	Title	Number of
NAME Whitehead, Mark Agams			President	Sharest "n
Spouse Name Whitehead, Christian A.				0.47
NAME Jaggers, Lesley			E	
Spouse Name Jaggers, Kent			reasurer	240
NAME				
Uthoff, Sydney			Secretary	240
Spouse Name Uthoff, Steve				
NAME				
Spouse Name				
NAME				
Spouse Name				
NAME				
Spouse Name			-	

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(If Necessary, Continue on Separate Sheet)

001 17 2001

NEBRASKA LICUOR CONTROL COMMISSION

FORM 35-4183 Page 2 REV 02/01

Application for Corporate Manager RECEIVED

OCT 17 2001

Return to:

give license number and date.

□ NO

X YES

Nebraska Liquor Control Commission, PO Box 200465 2001

301 Centennial Mall So., Lincoln NE 68509

NEBRASKA LIQUOR Phone: (402) 471-2571 Fax: (402) 471-2814 Web address: http://www.nol.org/home/NLSGNTROL COMMISSION

LIQUOR	LICENSE	INFORMA	ΠΟΝ 📆	- Cons. 11.2	And the said	While was	74. A. t					
NAME OF LICENSED CORPORATION						CLASS & LICENSE NUMBER						
			PEN	NDING	·		·					
	DE	C 13 2001										
	NEBE	<u> </u>			_							
CITY	TTY CONTROL COM COUNTY				ZIP CODE							
LINCOL	LN	LANCASTER			68516							
On behalf of the corporation, I designate this individual as corporate manager.												
Signature of Corporate President/CEO: White All Matteface												
T, INFOR	MATIO	N (MUST)	BE 21 OF	OVER)	4	45.35						
SEX (F) M	SOCIA	SOCIAL SECURITY NUMBER DATE O			SIRTH I	PLACE OF BII	RTH					
					1	LINCOLN	ΝE					
OME STREET ADDRESS CITY			COUNTY		STATE	ZIP CODE	•••					
3070 VINE STREET			LANCASTER			68503						
(402)	02) 474-7346				NF							
RMATION	(IF NO	T MARRI	ED INDI	CATE NO	NE)	The second	2 30VS					
FULL NAME (LAST, FIRST, MIDDLE, MAIDEN)				. ,			DRIVERS LICENSE NUMBER					
NOT MARRIED			& STATE									
DATE OF BIRTH:				PLACE OF BIRTH:								
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or their spou nisdemeanor the charge o	se, <u>ever</u> be violation occurred ar	of a federal or id the year and	state law; of month of	or a violation the conviction	n of a local on or plea.	l law, ordinan	nal ce or					
	LINCOI dual as corpor nt/CEO: TINFOR SEX F M BUSINE (402) RMATION and accurate their spounds of their spounds the charge of the charge	CITY CONTECT LINCOLN LINCOLN LINCOLN LINCOLN SEX F M CITY LINCOL BUSINESS TELEP (402) 474-73 RMATION (IF NO	PECEIVE DEC 13 200 NEBERAL CITY GONTROL COM COU LINCOLN LA TUNFORMATION (MUST I SEX SOCIAL SECURITY F) M CITY LINCOLN BUSINESS TELEPHONE NUMBER (402) 474-7346 RMATION (IF NOT MARRI SOCIAL SECURITY PLACE OF B or their spouse, ever been convicted on the charge occurred and the year and and	CLA PER DEC 13 200 CITY CONTROL COUNTY LINCOLN LANCASTER Int/CEO: CITY COUNTY LINCOLN WUST BE 21 OF SEX SOCIAL SECURITY NUMBER (402) 474-7346 RMATION (IF NOT MARRIED INDI SOCIAL SECURITY NUM PLACE OF BIRTH: V and accurately. or their spouse, ever been convicted of or plead insidemeanor violation of a federal or state law; of the charge occurred and the year and month of	CLASS & LICEN PERDING DEC 13 200 LINCOLN LANCASTER LANCASTER LINFORMATION (MUST BE 21 OR OVER) SEX F) M CITY COUNTY LINCOLN LANCASTER DATE OF E CITY COUNTY LINCOLN LANCASTER BUSINESS TELEPHONE NUMBER (402) 474-7346 RMATION (IF NOT MARRIED INDICATE NO SOCIAL SECURITY NUMBER PLACE OF BIRTH: A and accurately. To their spouse, ever been convicted of or plead guilty to any misdemeanor violation of a federal or state law; or a violation the charge occurred and the year and month of the conviction the charge occurred and the year and month of the conviction to the charge occurred and the year and the	CLASS & LICENSE NUMB PECELVE PENDING DEC 13 200 CITY CONTROL COMMICOUNTY ZIT LINCOLN LANCASTER 6: INTICEO: LINCOLN LANCASTER 6: SEX SOCIAL SECURITY NUMBER DATE OF BIRTH INTICOLN LANCASTER NE LINCOLN LANCASTER NE BUSINESS TELEPHONE NUMBER DRIVERS LICENSE (402) 474-7346 RMATION (IF NOT MARRIED INDICATE NONE) SOCIAL SECURITY NUMBER DRIVERS LICENSE & STATE PLACE OF BIRTH: Vand accurately. On their spouse, ever been convicted of or plead guilty to any criminal considermeanor violation of a federal or state law; or a violation of a local state law; or	CLASS & LICENSE NUMBER PENDING DEC 13 206 CITY CONTROL COUNTY ZIP CODE LINCOLN LANCASTER 68516 LINCOLN LINCOLN SEX F) M SOCIAL SECURITY NUMBER DATE OF BIRTH PLACE OF BIRTH LINCOLN CITY COUNTY STATE ZIP CODE LINCOLN LINCOLN LINCOLN LINCOLN LINCOLN CITY COUNTY STATE ZIP CODE LINCOLN LINCOLN BUSINESS TELEPHONE NUMBER (402) 474-7346 RMATION (IF NOT MARRIED INDICATE NONE) SOCIAL SECURITY NUMBER PLACE OF BIRTH: PLACE OF BIRTH:					

U-STOP 610 S. 10th Street Lincoln, Ne

Jas 2003

68508 B 18519

3. Have yo	ou or your spe	ouse ever made a comprom	ise settlem	ient for vi	olation o	of such laws?				
☐ YES	□X NO									
4. Do you,	, as a manage	r, have all the qualification	s required	by any pe	erson ent	itled to hold a Nebraska Liquor	License?			
Nebraska L	iquor Control	Act (§53-131.01)								
∆ YES	□ NO									
5 Have vo	nı filed finger	mrint cards and PROPER	FFES (if a	rheck ma	de out to	the NE State Patrol), with this	application?			
ĭ YES	□ NO	ABREADY ON FIL	•	Day.	÷:	2	аррисацон:			
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APPLICANT: CITY & STATE			Y	EAR	SPOUSI	E: CITY & STATE	7	YEAR		
				ТО			FROM	TO		
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	Salar Salar	EMPLO	YERS - I	LIST LAS	ST TWO) EMPLOYERS		- '		
Y	AND THE PROPERTY OF THE PROPER					NAME OF SUPERVISOR	TELEPHONE	TELEPHONE NUMBER		
FROM										
71 99	199 PRESENT WHITEHEAD OIL dba U-STOP			•	BRIAN MAKOVICKA 402-435-3509					
196	وود	ARAMARK SERVI	CES			DANA HOFFMAN		**		
	412 0			TIGATIO	ON – MI	UST BE SIGNED BY APPLIC	CANT & SPOI	JSE		
	NEBRASK	SS SS	·	· .						
application, the	at said applicatio	on has been read and that the con-	tents thereof	and all stat	tements co	he applicant and/or spouse of applicant ntained therein are true. If any false st aw. (Sec. §53-131.01) Nebraska Liquor	atement is made in	ve and foregoin any part of thi		
(State and Fede the Nebraska i	eral), and bank o Liquor Control (or lending institution records, and	said applicar lual disclosin	nt and spous ng or releasi	e waive ar ng said in	records of every kind and description in ty rights or causes of action that said ap formation to the Nebraska Liquor Cont quired to be filed.	pplicant or spouse r	may have again:		
	ed understand as in is incomplete		issued, base	d on the int	formation	submitted in this application, is subjec	t to cancellation if	the informatio		
	-									
5	~ L>	200								
	s	ignature of Applicant				Signature of Spouse (if	applicable)			
Subscribed in my presence and swom to before me this 10th day of 0ct0000					Subscribed in my presence and sworn to before me thisday of					
(1-6N	M.	on the of Heb	rada l		_				
	No.		A. MAKOVIC			Notary Signature &	& Seal			
		The Contract of the Contract o	m. Em. Dec. 13, 2					FORM 35-401		